

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
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48		1				
49						
50						
TOTAL IND.	2					
TOTAL DEP.	46	↔	↔	↔		
TOTAL CLAIMS	48	████	████	████	████	████

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.												
TOTAL CLAIMS	48	████	████	████	████	████	████	████	████	████	████	████